

## A vibrant, cartoon-style illustration of a red mug filled with various writing instruments. Inside the mug, there are two yellow pencils, two fountain pens with silver nibs and orange barrels, a green pencil, and a paintbrush with a white handle and a red tip. A yellow ruler stands vertically in the center of the mug. Two pencils are also shown extending horizontally from the sides of the mug: a yellow one on the left and a pink one on the right. The background is a solid blue color with a fine, white, cross-hatched texture.

NSN 7540-00-965-2403  
PREVIOUS EDITIONS USABLE

361-107

STANDARD FORM 361 (REV. 3-64)  
Prescribed by GSA  
FPMR (41CFR) 101-40.702

**This is the  
front side  
of the SF  
361  
TDR**

[illegible]

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:

- Section 1: General Information** (Blocks 1-10): Includes fields for shipper, carrier, commodity, and date.
- Section 2: Discrepancy Details** (Blocks 11-20): Includes fields for description of discrepancy, quantity, and value.
- Section 3: Investigation and Resolution** (Blocks 21-30): Includes fields for investigation results, corrective actions, and resolution status.
- Section 4: Signatures and Dates** (Blocks 31-33): Includes fields for signatures and dates of the shipper, carrier, and investigator.

The form is a standard industry document used to report and track discrepancies in freight shipments.

# Part I, blocks 1 through 33 are used

- ❖ to request information from the shipper
- ❖ to give notification to the carrier on any discrepancy in the shipment
- ❖ to report any miscellaneous problems which interferes in the timely and proper movement of freight

# Block 1 - Date

❖ Enter Julian date the report is prepared



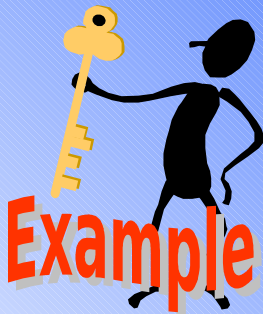
December 10, 1999, would be reported as 9345

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including a header, a table for reporting discrepancies, and a footer with contact information. The header section includes fields for the report number, date, and location. The table section has columns for the date, time, location, and a description of the discrepancy. The footer section includes fields for the name of the reporting agency, the name of the reporting officer, and the name of the receiving agency.

# Block 2 - Report Number

**Consists of 2 parts:**

- ❖ Enter Activity Address Code (AAC), if assigned, of reporting activity
- ❖ Enter 4-digit number (0001-9999) for each TDR issued within calendar year



**ARSC Elizabeth City's third TDR of the year is reported as Z50100-0003**

✓ Check the appropriate block

- ✓ Request for Information (RFI)
- ✓ Initial Notification
- ✓ Miscellaneous Problems



The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is titled "TRANSPORTATION DISCREPANCY REPORT" and includes sections for "PART 1: DISCREPANCY INFORMATION" and "PART 2: DISCREPANCY DETAILS". It contains a table for reporting discrepancies with columns for "DATE OF DISCREPANCY", "LOCATION OF DISCREPANCY", "MODE OF TRANSPORT", "TYPE OF DISCREPANCY", "QUANTITY OF DISCREPANCY", "REASON FOR DISCREPANCY", "ACTION TAKEN", and "STATUS". The form also includes a section for "DISCREPANCY SUMMARY" and a footer with contact information for the Department of Transportation.

## Block 3 - To

- ❖ Enter name, address, and zip code of office or carrier to which the TDR is to be sent



**Yellow Freight Systems,  
Inc.**

**1313 Cavalier Blvd.**

**Chesapeake, VA 23323**

# Block 4 - Reporting Activity

- ❖ Enter name, address, and zip code of reporting activity
- ❖ Enter AAC in shaded block, if assigned



**USCG Aircraft Repair & Supply Center**  
**Bldg. 63**  
**Elizabeth City, NC 27909**  
**Z50100**



The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including a header for 'TRANSPORTATION DISCREPANCY REPORT', a section for 'PART 1: DISCREPANCY INFORMATION', and a large table for 'PART 2: ITEM DETAILS'. The table has columns for 'ITEM NO.', 'QUANTITY', 'UNIT OF MEASURE', 'DESCRIPTION', 'DATE RECEIVED', 'DATE OF DISCREPANCY', 'REASON FOR DISCREPANCY', 'ACTION TAKEN', and 'STATUS'. The form is highlighted with a red border.

## Block 5 - Consignor

- ❖ Enter name, address, and zip code of activity making or directing the shipment
- ❖ Enter AAC in shaded block, if assigned



***Vendor Widgets, Inc.***  
***123 Nowhere Lane***  
***Who Knows, CA 92109***

## Block 6 - Consignee

- ❖ Enter name, address, and zip code of activity scheduled to receive the shipment
- ❖ Enter AAC in shaded block, if assigned
- ❖ When consignee is the reporting activity, enter “Same as block 4”

TRANSPORTATION SECURITY REPORT		1. DATE	2. CARRIER/VEHICLE		3. OFFICE ADDRESS DATE	
4. <input type="checkbox"/> REQUEST FOR INFORMATION ONLY		5. <input type="checkbox"/> INITIAL INVESTIGATION		6. <input type="checkbox"/> MATCH-LABELS/FEEDBACK		
7. TO		8. INFORMATION ACTIVITY				
9. CONTAINER		10. CONTAINER				
11. SUPPLY		12. LOADING ACTIVITY AND DESCRIPTION				
13. POINT OF ORIGIN		14. CARRIER'S PROPOSED ROUTE				
15. DESTINATION		16. NAME OF CARRIER/VEHICLE				
17. <input type="checkbox"/> STOP-ONE		18. <input type="checkbox"/> STOP-ONE		19. <input type="checkbox"/> STOP-ONE		20. NAME OF STOP-ONE OFFICIAL
21. <input type="checkbox"/> STOP-ONE		22. <input type="checkbox"/> STOP-ONE		23. <input type="checkbox"/> STOP-ONE		24. NAME OF STOP-ONE OFFICIAL
25. <input type="checkbox"/> STOP-ONE		26. <input type="checkbox"/> STOP-ONE		27. <input type="checkbox"/> STOP-ONE		28. NAME OF STOP-ONE OFFICIAL
29. <input type="checkbox"/> STOP-ONE		30. <input type="checkbox"/> STOP-ONE		31. <input type="checkbox"/> STOP-ONE		32. NAME OF STOP-ONE OFFICIAL
33. <input type="checkbox"/> STOP-ONE		34. <input type="checkbox"/> STOP-ONE		35. <input type="checkbox"/> STOP-ONE		36. NAME OF STOP-ONE OFFICIAL
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41. <input type="checkbox"/> STOP-ONE		42. <input type="checkbox"/> STOP-ONE		43. <input type="checkbox"/> STOP-ONE		44. NAME OF STOP-ONE OFFICIAL
45. <input type="checkbox"/> STOP-ONE		46. <input type="checkbox"/> STOP-ONE		47. <input type="checkbox"/> STOP-ONE		48. NAME OF STOP-ONE OFFICIAL
49. <input type="checkbox"/> STOP-ONE		50. <input type="checkbox"/> STOP-ONE		51. <input type="checkbox"/> STOP-ONE		52. NAME OF STOP-ONE OFFICIAL
53. <input type="checkbox"/> STOP-ONE		54. <input type="checkbox"/> STOP-ONE		55. <input type="checkbox"/> STOP-ONE		56. NAME OF STOP-ONE OFFICIAL
57. <input type="checkbox"/> STOP-ONE		58. <input type="checkbox"/> STOP-ONE		59. <input type="checkbox"/> STOP-ONE		60. NAME OF STOP-ONE OFFICIAL
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69. <input type="checkbox"/> STOP-ONE		70. <input type="checkbox"/> STOP-ONE		71. <input type="checkbox"/> STOP-ONE		72. NAME OF STOP-ONE OFFICIAL
73. <input type="checkbox"/> STOP-ONE		74. <input type="checkbox"/> STOP-ONE		75. <input type="checkbox"/> STOP-ONE		76. NAME OF STOP-ONE OFFICIAL
77. <input type="checkbox"/> STOP-ONE		78. <input type="checkbox"/> STOP-ONE		79. <input type="checkbox"/> STOP-ONE		80. NAME OF STOP-ONE OFFICIAL
81. <input type="checkbox"/> STOP-ONE		82. <input type="checkbox"/> STOP-ONE		83. <input type="checkbox"/> STOP-ONE		84. NAME OF STOP-ONE OFFICIAL
85. <input type="checkbox"/> STOP-ONE		86. <input type="checkbox"/> STOP-ONE		87. <input type="checkbox"/> STOP-ONE		88. NAME OF STOP-ONE OFFICIAL
89. <input type="checkbox"/> STOP-ONE		90. <input type="checkbox"/> STOP-ONE		91. <input type="checkbox"/> STOP-ONE		92. NAME OF STOP-ONE OFFICIAL
93. <input type="checkbox"/> STOP-ONE		94. <input type="checkbox"/> STOP-ONE		95. <input type="checkbox"/> STOP-ONE		96. NAME OF STOP-ONE OFFICIAL
97. <input type="checkbox"/> STOP-ONE		98. <input type="checkbox"/> STOP-ONE		99. <input type="checkbox"/> STOP-ONE		100. NAME OF STOP-ONE OFFICIAL
101. <input type="checkbox"/> STOP-ONE		102. <input type="checkbox"/> STOP-ONE		103. <input type="checkbox"/> STOP-ONE		104. NAME OF STOP-ONE OFFICIAL
105. <input type="checkbox"/> STOP-ONE		106. <input type="checkbox"/> STOP-ONE		107. <input type="checkbox"/> STOP-ONE		108. NAME OF STOP-ONE OFFICIAL
109. <input type="checkbox"/> STOP-ONE		110. <input type="checkbox"/> STOP-ONE		111. <input type="checkbox"/> STOP-ONE		112. NAME OF STOP-ONE OFFICIAL
113. <input type="checkbox"/> STOP-ONE		114. <input type="checkbox"/> STOP-ONE		115. <input type="checkbox"/> STOP-ONE		116. NAME OF STOP-ONE OFFICIAL
117. <input type="checkbox"/> STOP-ONE		118. <input type="checkbox"/> STOP-ONE		119. <input type="checkbox"/> STOP-ONE		120. NAME OF STOP-ONE OFFICIAL
121. <input type="checkbox"/> STOP-ONE		122. <input type="checkbox"/> STOP-ONE		123. <input type="checkbox"/> STOP-ONE		124. NAME OF STOP-ONE OFFICIAL
125. <input type="checkbox"/> STOP-ONE		126. <input type="checkbox"/> STOP-ONE		127. <input type="checkbox"/> STOP-ONE		128. NAME OF STOP-ONE OFFICIAL
129. <input type="checkbox"/> STOP-ONE		130. <input type="checkbox"/> STOP-ONE		131. <input type="checkbox"/> STOP-ONE		132. NAME OF STOP-ONE OFFICIAL
133. <input type="checkbox"/> STOP-ONE		134. <input type="checkbox"/> STOP-ONE		135. <input type="checkbox"/> STOP-ONE		136. NAME OF STOP-ONE OFFICIAL
137. <input type="checkbox"/> STOP-ONE		138. <input type="checkbox"/> STOP-ONE		139. <input type="checkbox"/> STOP-ONE		140. NAME OF STOP-ONE OFFICIAL
141. <input type="checkbox"/> STOP-ONE		142. <input type="checkbox"/> STOP-ONE		143. <input type="checkbox"/> STOP-ONE		144. NAME OF STOP-ONE OFFICIAL
145. <input type="checkbox"/> STOP-ONE		146. <input type="checkbox"/> STOP-ONE		147. <input type="checkbox"/> STOP-ONE		148. NAME OF STOP-ONE OFFICIAL
149. <input type="checkbox"/> STOP-ONE		150. <input type="checkbox"/> STOP-ONE		151. <input type="checkbox"/> STOP-ONE		152. NAME OF STOP-ONE OFFICIAL
153. <input type="checkbox"/> STOP-ONE		154. <input type="checkbox"/> STOP-ONE		155. <input type="checkbox"/> STOP-ONE		156. NAME OF STOP-ONE OFFICIAL
157. <input type="checkbox"/> STOP-ONE		158. <input type="checkbox"/> STOP-ONE		159. <input type="checkbox"/> STOP-ONE		160. NAME OF STOP-ONE OFFICIAL
161. <input type="checkbox"/> STOP-ONE		162. <input type="checkbox"/> STOP-ONE		163. <input type="checkbox"/> STOP-ONE		164. NAME OF STOP-ONE OFFICIAL
165. <input type="checkbox"/> STOP-ONE		166. <input type="checkbox"/> STOP-ONE		167. <input type="checkbox"/> STOP-ONE		168. NAME OF STOP-ONE OFFICIAL
169. <input type="checkbox"/> STOP-ONE		170. <input type="checkbox"/> STOP-ONE		171. <input type="checkbox"/> STOP-ONE		172. NAME OF STOP-ONE OFFICIAL
173. <input type="checkbox"/> STOP-ONE		174. <input type="checkbox"/> STOP-ONE		175. <input type="checkbox"/> STOP-ONE		176. NAME OF STOP-ONE OFFICIAL
177. <input type="checkbox"/> STOP-ONE		178. <input type="checkbox"/> STOP-ONE		179. <input type="checkbox"/> STOP-ONE		180. NAME OF STOP-ONE OFFICIAL
181. <input type="checkbox"/> STOP-ONE		182. <input type="checkbox"/> STOP-ONE		183. <input type="checkbox"/> STOP-ONE		184. NAME OF STOP-ONE OFFICIAL
185. <input type="checkbox"/> STOP-ONE		186. <input type="checkbox"/> STOP-ONE		187.		

# Block 7 - Shipper

- ❖ **Enter name, address, and zip code of activity physically making shipment for the account of the consignor**
- ❖ **Enter AAC in shaded block, if assigned**
- ❖ **When shipper is the consignor, enter “Same as block 5”**

The image shows a sample of a Transportation Discrepancy Report (TDR) form, specifically Block 8, which is highlighted with a red border. The form contains various fields for reporting discrepancies in transportation, including sections for carrier information, equipment details, and a table for recording discrepancies.

# Block 8 - Carrier Routing and Identification

- ❖ Enter name of carrier(s) identification number of car, truck, trailer, the name of the vessel, or the trailer/container number
- ❖ Enter Standard Carrier Alpha Code (SCAC) from the transportation document in the shaded block. If more than one carrier was used, show each SCAC in each shaded block

**TRANSPORTATION DISCREPANCY REPORT**

**PART 1**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:

LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

**PART 2**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:

LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

# Block 9 - Point of Origin

❖ Leave blank **UNLESS** different than block 5

TRANSPORTATION DISCREPANCY REPORT		FORM		1. REPORT NUMBER		2. DATE OF REPORT MM/YY	
3. REQUEST FOR INVESTIGATION BY		4. CASE#		5. INITIAL INVESTIGATION		6. INVESTIGATION RESULTS	
7. TO		8. FROM		9. MODE/TRANSPORTATION		10. MODE/TRANSPORTATION	
11. CONSIGNEE		12. CONSIGNEE		13. CARRIER		14. CARRIER	
15. DATE		16. DATE		17. CARRIER		18. CARRIER	
19. TYPE OF ORDER		20. TYPE OF ORDER		21. CARRIER		22. CARRIER	
23. DESCRIPTION		24. DESCRIPTION		25. CARRIER		26. CARRIER	
27. MODE OF		28. MODE OF		29. CARRIER		30. CARRIER	
31. DATE		32. DATE		33. CARRIER		34. CARRIER	
35. DATE		36. DATE		37. CARRIER		38. CARRIER	
39. DATE		40. DATE		41. CARRIER		42. CARRIER	
43. DATE		44. DATE		45. CARRIER		46. CARRIER	
47. DATE		48. DATE		49. CARRIER		50. CARRIER	
51. DATE		52. DATE		53. CARRIER		54. CARRIER	
55. DATE		56. DATE		57. CARRIER		58. CARRIER	
59. DATE		60. DATE		61. CARRIER		62. CARRIER	
63. DATE		64. DATE		65. CARRIER		66. CARRIER	
67. DATE		68. DATE		69. CARRIER		70. CARRIER	
71. DATE		72. DATE		73. CARRIER		74. CARRIER	
75. DATE		76. DATE		77. CARRIER		78. CARRIER	
79. DATE		80. DATE		81. CARRIER		82. CARRIER	
83. DATE		84. DATE		85. CARRIER		86. CARRIER	
87. DATE		88. DATE		89. CARRIER		90. CARRIER	
91. DATE		92. DATE		93. CARRIER		94. CARRIER	
95. DATE		96. DATE		97. CARRIER		98. CARRIER	
99. DATE		100. DATE		101. CARRIER		102. CARRIER	
103. DATE		104. DATE		105. CARRIER		106. CARRIER	
107. DATE		108. DATE		109. CARRIER		110. CARRIER	
111. DATE		112. DATE		113. CARRIER		114. CARRIER	
115. DATE		116. DATE		117. CARRIER		118. CARRIER	
119. DATE		120. DATE		121. CARRIER		122. CARRIER	
123. DATE		124. DATE		125. CARRIER		126. CARRIER	
127. DATE		128. DATE		129. CARRIER		130. CARRIER	
131. DATE		132. DATE		133. CARRIER		134. CARRIER	
135. DATE		136. DATE		137. CARRIER		138. CARRIER	
139. DATE		140. DATE		141. CARRIER		142. CARRIER	
143. DATE		144. DATE		145. CARRIER		146. CARRIER	
147. DATE		148. DATE		149. CARRIER		150. CARRIER	
151. DATE		152. DATE		153. CARRIER		154. CARRIER	
155. DATE		156. DATE		157. CARRIER		158. CARRIER	
159. DATE		160. DATE		161. CARRIER		162. CARRIER	
163. DATE		164. DATE		165. CARRIER		166. CARRIER	
167. DATE		168. DATE		169. CARRIER		170. CARRIER	
171. DATE		172. DATE		173. CARRIER		174. CARRIER	
175. DATE		176. DATE		177. CARRIER		178. CARRIER	
179. DATE		180. DATE		181. CARRIER		182. CARRIER	
183. DATE		184. DATE		185. CARRIER		186. CARRIER	
187. DATE		188. DATE		189. CARRIER		190. CARRIER	
191. DATE		192. DATE		193. CARRIER		194. CARRIER	
195. DATE		196. DATE		197. CARRIER		198. CARRIER	
199. DATE		200. DATE		201. CARRIER		202. CARRIER	
203. DATE		204. DATE		205. CARRIER		206. CARRIER	
207. DATE		208. DATE		209. CARRIER		210. CARRIER	
211. DATE		212. DATE		213. CARRIER		214. CARRIER	
215. DATE		216. DATE		217. CARRIER		218. CARRIER	
219. DATE		220. DATE		221. CARRIER		222. CARRIER	
223. DATE		224. DATE		225. CARRIER		226. CARRIER	
227. DATE		228. DATE		229. CARRIER		230. CARRIER	
231. DATE		232. DATE		233. CARRIER		234. CARRIER	
235. DATE		236. DATE		237. CARRIER		238. CARRIER	
239. DATE		240. DATE		241. CARRIER		242. CARRIER	
243. DATE		244. DATE		245. CARRIER		246. CARRIER	
247. DATE		248. DATE		249. CARRIER		250. CARRIER	
251. DATE		252. DATE		253. CARRIER		254. CARRIER	

# Block 11 - Point of Destination

❖ **Leave blank UNLESS different than block 6**



TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER NUMBER	3. DATE RECEIVED
4. REPORT TYPE <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> INITIAL LOSS/INVESTIGATION		5. TO: <input type="checkbox"/> INITIAL LOSS/INVESTIGATION		
6. CARRIER	7. CARRIER			
8. CARRIER	9. CARRIER			
10. CARRIER	11. CARRIER			
12. CARRIER	13. CARRIER			
14. CARRIER	15. CARRIER			
16. CARRIER	17. CARRIER			
18. CARRIER	19. CARRIER			
20. CARRIER	21. CARRIER			
22. CARRIER	23. CARRIER			
24. CARRIER	25. CARRIER			
26. CARRIER	27. CARRIER			
28. CARRIER	29. CARRIER			
30. CARRIER	31. CARRIER			
32. CARRIER	33. CARRIER			
34. CARRIER	35. CARRIER			
36. CARRIER	37. CARRIER			
38. CARRIER	39. CARRIER			
40. CARRIER	41. CARRIER			
42. CARRIER	43. CARRIER			
44. CARRIER	45. CARRIER			
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90. CARRIER	91. CARRIER			
92. CARRIER	93. CARRIER			
94. CARRIER	95. CARRIER			
96. CARRIER	97. CARRIER			
98. CARRIER	99. CARRIER			
100. CARRIER	101. CARRIER			

# Block 10 - Carrier's Pro/Freight Bill Number

❖ Copy the number from the carrier's delivery receipt



267-300569

# Block 12 - Bill of Lading Number/Type

- ❖ Enter the bill of lading number
- ❖ Indicate type - GBL for Government Bill of Lading; CBL for Commercial Bill of Lading



**G-7654321 (GBL)**  
**or**  
**9467A21 (CBL)**

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- Section 1: General Information** (Shipper, Consignee, Date of Report, etc.)
- Section 2: Discrepancy Description** (Description of the discrepancy, Date of Discovery, etc.)
- Section 3: Investigation** (Investigator's Name, Date of Investigation, etc.)
- Section 4: Resolution** (Resolution Date, Resolution Description, etc.)
- Section 5: Remarks** (Additional comments or notes)

 The form is filled out with sample data, and the word 'Example' is written in large red letters across the bottom left.

# Block 13 - Mode Code (see next slide for codes)

❖ Enter the appropriate code from table in Section B, 41 CFR 101-40.4901-361-1



***B - for an LTL truck shipment  
or  
5 - for movement by UPS***

TRANSPORTATION DISCREPANCY REPORT		EVENT NUMBER		DATE REPORTED	
1. REPORTING OFFICE		2. REPORTING OFFICE		3. REPORTING OFFICE	
4. REPORTING OFFICE		5. REPORTING OFFICE		6. REPORTING OFFICE	
7. REPORTING OFFICE		8. REPORTING OFFICE		9. REPORTING OFFICE	
10. REPORTING OFFICE		11. REPORTING OFFICE		12. REPORTING OFFICE	
13. REPORTING OFFICE		14. REPORTING OFFICE		15. REPORTING OFFICE	
16. REPORTING OFFICE		17. REPORTING OFFICE		18. REPORTING OFFICE	
19. REPORTING OFFICE		20. REPORTING OFFICE		21. REPORTING OFFICE	
22. REPORTING OFFICE		23. REPORTING OFFICE		24. REPORTING OFFICE	
25. REPORTING OFFICE		26. REPORTING OFFICE		27. REPORTING OFFICE	
28. REPORTING OFFICE		29. REPORTING OFFICE		30. REPORTING OFFICE	
31. REPORTING OFFICE		32. REPORTING OFFICE		33. REPORTING OFFICE	
34. REPORTING OFFICE		35. REPORTING OFFICE		36. REPORTING OFFICE	
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43. REPORTING OFFICE		44. REPORTING OFFICE		45. REPORTING OFFICE	
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94. REPORTING OFFICE		95. REPORTING OFFICE		96. REPORTING OFFICE	
97. REPORTING OFFICE		98. REPORTING OFFICE		99. REPORTING OFFICE	
100. REPORTING OFFICE		101. REPORTING OFFICE		102. REPORTING OFFICE	

Code

Mode

A	Motor, truckload.
B	Motor, less than truckload.
C	Van (unpacked, uncrated-personal or Government property).
D	Driveway, truckaway, towaway.
E	Bus.
F	Military Airlift Command (MAC).
G	Parcel post, surface.
H	Parcel post, air.
I	Government trucks, for shipment outside local delivery area.
J	Small package carrier.
K	Rail, carload*.
L	Rail, less than carload*.
M	Freight Forwarder.
N	LOGAIR (commercial air charter service--Air Force controlled).
O	Organic military air.
P	Through Government bill of lading (TGBL).
Q	Air freight, air express, air charter (commercial).
R	Expedited air freight.
S	Scheduled truck service (applies to contract carriage, guaranteed traffic routings and/or scheduled service).
T	Air freight forwarder.
U	Quicktrans (commercial air charter service--Navy controlled).
V	SEAVAN.
W	Water, river, lake, coastal (commercial).
X	Bearer, walk-thru (customer pickup of material).
Y	Intratheater airlift service.
Z	MSC (Military Sealift Command--controlled contract or arranged space).
2	Government watercraft, barge, lighter.
3	RORO (roll-on, roll-off) service.
4	ARFCOS (Armed Forces Courier Service).
5	United Parcel Service.
6	Military official mail (MOM).
7	Express mail.
8	Pipeline.
9	Local delivery by Government or commercial truck including deliveries between air or water terminals and adjacent activities. Within CONUS, the local delivery area is defined in tariffs governing local application of carrier service as filed with regulatory authorities.

\*Includes trailer/container-on-flat-car (excluding SEAVAN).

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- Section 1: General Information** (Carrier, Date, Time, Location, etc.)
- Section 2: Description of Discrepancy** (Type of discrepancy, Description, etc.)
- Section 3: Action Taken** (Corrective action, etc.)
- Section 4: Carrier Response** (Carrier's response, etc.)
- Section 5: Remarks** (Additional information, etc.)

 The form is filled out with sample data, and the word 'Example' is written in large red letters across the bottom.

# Block 14 - Date carrier signed for shipment

❖ Enter Julian date carrier picked up and signed for shipment

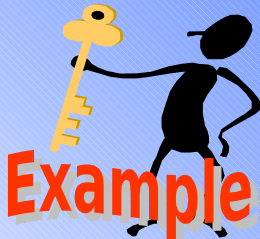


December 2, 1999  
would be reported as  
9337

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER/ARRIER	3. DATE RECEIVED
REPORT				
4. TO: <input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY <input type="checkbox"/> INITIAL REPORT/CLERICAL <input type="checkbox"/> INITIAL REPORT/CLERICAL				
5. CARRIER		6. CARRIER		
7. DATE		8. CARRIER'S REPORT FOR DISCREPANCY		
9. DATE OF LOSS		10. CARRIER'S REPORT FOR DISCREPANCY		
11. DESCRIPTION		12. DATE OF LOSS/RECEIPT		
13. DATA SUMMARY AND COMMENTS		14. DATE OF RECEIPT		
15. DATA SUMMARY AND COMMENTS		16. DATE OF RECEIPT		
17. DATA SUMMARY AND COMMENTS		18. DATE OF RECEIPT		
19. DATA SUMMARY AND COMMENTS		20. DATE OF RECEIPT		
21. DATA SUMMARY AND COMMENTS		22. DATE OF RECEIPT		
23. DATA SUMMARY AND COMMENTS		24. DATE OF RECEIPT		
25. DATA SUMMARY AND COMMENTS		26. DATE OF RECEIPT		
27. DATA SUMMARY AND COMMENTS		28. DATE OF RECEIPT		
29. DATA SUMMARY AND COMMENTS		30. DATE OF RECEIPT		
31. DATA SUMMARY AND COMMENTS		32. DATE OF RECEIPT		
33. DATA SUMMARY AND COMMENTS		34. DATE OF RECEIPT		
35. DATA SUMMARY AND COMMENTS		36. DATE OF RECEIPT		
37. DATA SUMMARY AND COMMENTS		38. DATE OF RECEIPT		
39. DATA SUMMARY AND COMMENTS		40. DATE OF RECEIPT		
41. DATA SUMMARY AND COMMENTS		42. DATE OF RECEIPT		
43. DATA SUMMARY AND COMMENTS		44. DATE OF RECEIPT		
45. DATA SUMMARY AND COMMENTS		46. DATE OF RECEIPT		
47. DATA SUMMARY AND COMMENTS		48. DATE OF RECEIPT		
49. DATA SUMMARY AND COMMENTS		50. DATE OF RECEIPT		
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61. DATA SUMMARY AND COMMENTS		62. DATE OF RECEIPT		
63. DATA SUMMARY AND COMMENTS		64. DATE OF RECEIPT		
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67. DATA SUMMARY AND COMMENTS		68. DATE OF RECEIPT		
69. DATA SUMMARY AND COMMENTS		70. DATE OF RECEIPT		
71. DATA SUMMARY AND COMMENTS		72. DATE OF RECEIPT		
73. DATA SUMMARY AND COMMENTS		74. DATE OF RECEIPT		
75. DATA SUMMARY AND COMMENTS		76. DATE OF RECEIPT		
77. DATA SUMMARY AND COMMENTS		78. DATE OF RECEIPT		
79. DATA SUMMARY AND COMMENTS		80. DATE OF RECEIPT		
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83. DATA SUMMARY AND COMMENTS		84. DATE OF RECEIPT		
85. DATA SUMMARY AND COMMENTS		86. DATE OF RECEIPT		
87. DATA SUMMARY AND COMMENTS		88. DATE OF RECEIPT		
89. DATA SUMMARY AND COMMENTS		90. DATE OF RECEIPT		
91. DATA SUMMARY AND COMMENTS		92. DATE OF RECEIPT		
93. DATA SUMMARY AND COMMENTS		94. DATE OF RECEIPT		
95. DATA SUMMARY AND COMMENTS		96. DATE OF RECEIPT		
97. DATA SUMMARY AND COMMENTS		98. DATE OF RECEIPT		
99. DATA SUMMARY AND COMMENTS		100. DATE OF RECEIPT		

# Block 15 - Date consignee received shipment

- ❖ Enter Julian date of receipt of shipment
- ❖ If shipment is “all short,” leave blank



9340



TRANSPORTATION SECURITY REPORT		1. DATE	2. CARRIER/VEHICLE		3. OFFICE ADDRESS DATE	
4. <input type="checkbox"/> REQUEST FOR INFORMATION ONLY		5. <input type="checkbox"/> INITIAL INVESTIGATION		6. <input type="checkbox"/> MATCH-LABELS/FEEDBACK		
7. TO		8. INFORMATION ACTIVITY				
9. CONTAINER		10. CONTAINER				
11. SUPPLY		12. LOADING ACTIVITY AND DESCRIPTION				
13. POINT OF ORIGIN		14. ORIGIN OF TRANSPORTATION				
15. DESTINATION		16. NAME OF CARRIER/VEHICLE				
17. <input type="checkbox"/> STOP-ONE		18. <input type="checkbox"/> STOP-ONE		19. <input type="checkbox"/> STOP-ONE		20. NAME OF CARRIER/VEHICLE
21. <input type="checkbox"/> STOP-ONE		22. <input type="checkbox"/> STOP-ONE		23. <input type="checkbox"/> STOP-ONE		24. NAME OF CARRIER/VEHICLE
25. <input type="checkbox"/> STOP-ONE		26. <input type="checkbox"/> STOP-ONE		27. <input type="checkbox"/> STOP-ONE		28. NAME OF CARRIER/VEHICLE
29. <input type="checkbox"/> STOP-ONE		30. <input type="checkbox"/> STOP-ONE		31. <input type="checkbox"/> STOP-ONE		32. NAME OF CARRIER/VEHICLE
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45. <input type="checkbox"/> STOP-ONE		46. <input type="checkbox"/> STOP-ONE		47. <input type="checkbox"/> STOP-ONE		48. NAME OF CARRIER/VEHICLE
49. <input type="checkbox"/> STOP-ONE		50. <input type="checkbox"/> STOP-ONE		51. <input type="checkbox"/> STOP-ONE		52. NAME OF CARRIER/VEHICLE
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69. <input type="checkbox"/> STOP-ONE		70. <input type="checkbox"/> STOP-ONE		71. <input type="checkbox"/> STOP-ONE		72. NAME OF CARRIER/VEHICLE
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89. <input type="checkbox"/> STOP-ONE		90. <input type="checkbox"/> STOP-ONE		91. <input type="checkbox"/> STOP-ONE		92. NAME OF CARRIER/VEHICLE
93. <input type="checkbox"/> STOP-ONE		94. <input type="checkbox"/> STOP-ONE		95. <input type="checkbox"/> STOP-ONE		96. NAME OF CARRIER/VEHICLE
97. <input type="checkbox"/> STOP-ONE		98. <input type="checkbox"/> STOP-ONE		99. <input type="checkbox"/> STOP-ONE		100. NAME OF CARRIER/VEHICLE
101. <input type="checkbox"/> STOP-ONE		102. <input type="checkbox"/> STOP-ONE		103. <input type="checkbox"/> STOP-ONE		104. NAME OF CARRIER/VEHICLE
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109. <input type="checkbox"/> STOP-ONE		110. <input type="checkbox"/> STOP-ONE		111. <input type="checkbox"/> STOP-ONE		112. NAME OF CARRIER/VEHICLE
113. <input type="checkbox"/> STOP-ONE		114. <input type="checkbox"/> STOP-ONE		115. <input type="checkbox"/> STOP-ONE		116. NAME OF CARRIER/VEHICLE
117. <input type="checkbox"/> STOP-ONE		118. <input type="checkbox"/> STOP-ONE		119. <input type="checkbox"/> STOP-ONE		120. NAME OF CARRIER/VEHICLE
121. <input type="checkbox"/> STOP-ONE		122. <input type="checkbox"/> STOP-ONE		123. <input type="checkbox"/> STOP-ONE		124. NAME OF CARRIER/VEHICLE
125. <input type="checkbox"/> STOP-ONE		126. <input type="checkbox"/> STOP-ONE		127. <input type="checkbox"/> STOP-ONE		128. NAME OF CARRIER/VEHICLE
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133. <input type="checkbox"/> STOP-ONE		134. <input type="checkbox"/> STOP-ONE		135. <input type="checkbox"/> STOP-ONE		136. NAME OF CARRIER/VEHICLE
137. <input type="checkbox"/> STOP-ONE		138. <input type="checkbox"/> STOP-ONE		139. <input type="checkbox"/> STOP-ONE		140. NAME OF CARRIER/VEHICLE
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145. <input type="checkbox"/> STOP-ONE		146. <input type="checkbox"/> STOP-ONE		147. <input type="checkbox"/> STOP-ONE		148. NAME OF CARRIER/VEHICLE
149. <input type="checkbox"/> STOP-ONE		150. <input type="checkbox"/> STOP-ONE		151. <input type="checkbox"/> STOP-ONE		152. NAME OF CARRIER/VEHICLE
153. <input type="checkbox"/> STOP-ONE		154. <input type="checkbox"/> STOP-ONE		155. <input type="checkbox"/> STOP-ONE		156. NAME OF CARRIER/VEHICLE
157. <input type="checkbox"/> STOP-ONE		158. <input type="checkbox"/> STOP-ONE		159. <input type="checkbox"/> STOP-ONE		160. NAME OF CARRIER/VEHICLE
161. <input type="checkbox"/> STOP-ONE		162. <input type="checkbox"/> STOP-ONE		163. <input type="checkbox"/> STOP-ONE		164. NAME OF CARRIER/VEHICLE
165. <input type="checkbox"/> STOP-ONE		166. <input type="checkbox"/> STOP-ONE		167. <input type="checkbox"/> STOP-ONE		168. NAME OF CARRIER/VEHICLE
169. <input type="checkbox"/> STOP-ONE		170. <input type="checkbox"/> STOP-ONE		171. <input type="checkbox"/> STOP-ONE		172. NAME OF CARRIER/VEHICLE
173. <input type="checkbox"/> STOP-ONE		174. <input type="checkbox"/> STOP-ONE		175. <input type="checkbox"/> STOP-ONE		176. NAME OF CARRIER/VEHICLE
177. <input type="checkbox"/> STOP-ONE		178. <input type="checkbox"/> STOP-ONE		179. <input type="checkbox"/> STOP-ONE		180. NAME OF CARRIER/VEHICLE
181. <input type="checkbox"/> STOP-ONE		182. <input type="checkbox"/> STOP-ONE		183. <input type="checkbox"/> STOP-ONE		184. NAME OF CARRIER/VEHICLE
185.						

# Block 16 - Date discrepancy discovered

- ❖ **Enter Julian date when shortage or damage to the shipment was discovered**



9340

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including a header for 'TRANSPORTATION DISCREPANCY REPORT', a section for 'PART 1: DISCREPANCY INFORMATION', and a section for 'PART 2: DISCREPANCY DETAILS'. The form includes fields for 'TO', 'FROM', 'DATE', 'TIME', 'CARRIER', 'MODE', 'TYPE OF DISCREPANCY', 'DESCRIPTION OF DISCREPANCY', 'ACTION TAKEN', and 'REMARKS'. There is also a section for 'SIGNATURE' and 'DATE'.

# Block 17 - Date carrier notified

- ❖ Enter Julian date carrier was first notified of the discrepancy
- ❖ Enter how carrier was notified



9340, telephone

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- Section 1: Carrier Information** (Carrier Name, Address, City, State, Zip, Country, Telephone Number, Fax Number, E-mail Address, Website Address).
- Section 2: Description of the Discrepancy** (Type of Discrepancy, Date of Discrepancy, Location of Discrepancy, Description of Discrepancy, Date of Receipt, Date of Shipment, Date of Delivery, Date of Return, Date of Disposal, Date of Destruction, Date of Other Action).
- Section 3: Contact Information** (Name of Contact, Title, Address, City, State, Zip, Country, Telephone Number, Fax Number, E-mail Address, Website Address).
- Section 4: Remarks** (A large area for additional information or comments).

# Block 18 - Name of person contacted

❖ Enter name and telephone number of carrier's representative contacted



**T. Jones, 800-424-6000**

**or**

**Ella, RDWY, 317-543-6841**

# Block 19 - Seal numbers and condition

- ❖ Enter “X” in the appropriate block to show seal numbers and condition at delivery
- ❖ Explain any variance between seal number(s) shown on the transportation document and seal(s) affixed to carrier’s equipment



**Seal #45932 at destination, intact**

The image shows a sample of a Transportation Discrepancy Report (DTCG38-99-D-10009) form. The form is divided into several sections: 1. TO (Request for Information/Supply, Detail Inspection, or Miscellaneous), 2. DISCREPANCY (Description, Location, and Date), 3. DISPOSITION (Disposition for Requisition, Disposition for Requisition, and Disposition for Requisition), and 4. DATA SUMMARY AND COMMENTS (Summary of Discrepancy, Summary of Discrepancy, and Summary of Discrepancy). The form is filled out with sample data, including a contract number (DTCG38-99-D-10009) and a transportation control number (Z20285-9137-9402).

# Block 20 - Acquisition document and/or TCN

- ❖ Cite the applicable acquisition or requisition document number, the purchase order number, and/or the transportation control number (TCN)



**DTCG38-99-D-10009 [contract number] or  
Z20285-9137-9402 [TCN]**

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including a header with 'TRANSPORTATION DISCREPANCY REPORT' and 'REPORT NUMBER'. It contains fields for 'TO', 'FROM', 'DATE', and 'TIME'. There are also sections for 'DESCRIPTION', 'REMARKS', and 'ACTION'. The form is filled out with sample data, including a description of a discrepancy and the corresponding actions taken.

# Block 21 - Commodity description and/or National Stock Number (NSN)

- ❖ Enter noun or nomenclature, the description of commodity, and the NSN or part number



1620-01-HR2-2302

Landing Gear, Nose



# Block 22 - Type of pack (see next slide for codes)

- ❖ Enter appropriate code from table in Section C, 41 CFR 101-40.4901-361-1 for outer package configuration



***BX - for “box”***  
***CN - for “can”***  
***PC - for “piece”***



The image shows a sample of a Transportation Discrepancy Report (Block 23) form. The form is divided into several sections:

- Section 1: General Information** (Top section, including fields for Date, Location, and Report Number).
- Section 2: Discrepancy Details** (Middle section, including fields for Discrepancy Type, Quantity, and Description).
- Section 3: Signature and Date** (Bottom section, including fields for Signature, Date, and Title).

The form is a standard document used for reporting discrepancies in freight quantities.

# Block 23 - Quantity discrepant (pieces)

- ❖ Enter actual number of pieces of discrepant freight - the difference in the quantity delivered and the quantity shown on the bill of lading or governing transportation document or the number of pieces damaged

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- Section 1: General Information** (Carrier, Consignee, Commodity, etc.)
- Section 2: Discrepancy Description** (Type of discrepancy, Date of discovery, etc.)
- Section 3: Cause of Discrepancy** (Table with codes for various causes like pilferage, vandalism, etc.)
- Section 4: Resolution** (Actions taken, Date of resolution, etc.)
- Section 5: Signatures** (Carrier, Consignee, etc.)

# Block 24 - Type and cause code (see next slide for codes)

- ❖ Enter appropriate code from table in Section D, 41 CFR 101-40.4901-361-1, which most clearly identifies the type and cause of the discrepancy



**SP** - for “pilferage”  
**DV** - for “vandalism”  
**XS** - for “Signature Security Service violations”



[illegible]

# Block 25 - Unit of issue

- ❖ **Enter 2-position alpha abbreviation of the type of unit under which material was issued - refer to shipping document or packing list**



## EA - for “each”

**PG - for “package”**

***FT - for “feet”***



**TRANSPORTATION DISCREPANCY REPORT**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:  LOCATION:

DESCRIPTION:

REMARKS:

UNIT OF MEASURE:  QUANTITY:

SIGNATURE:

# Block 26 - Units billed/ shipped

- ❖ Enter actual number of units of issued billed (invoiced) or shipped as shown on the applicable shipping document/packing list

[illegible]

# Block 27 - Discrepant units

❖ **Enter actual number of units lost or damaged**

TRANSPORTATION DISCREPANCY REPORT		BLOCK NUMBER		DATE PREPARED	
REPORT		PART 1		DATE	
<input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> METAL DETECTION <input type="checkbox"/> METAL LOCATED		<input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> METAL DETECTION <input type="checkbox"/> METAL LOCATED			
1. TO		2. FROM			
3. DISEMPOWER		4. DISEMPOWER			
5. DISEMPOWER		6. DISEMPOWER			
7. DISEMPOWER		8. DISEMPOWER			
9. DISEMPOWER		10. DISEMPOWER			
11. DISEMPOWER		12. DISEMPOWER			
13. DISEMPOWER		14. DISEMPOWER			
15. DISEMPOWER		16. DISEMPOWER			
17. DISEMPOWER		18. DISEMPOWER			
19. DISEMPOWER		20. DISEMPOWER			
21. DISEMPOWER		22. DISEMPOWER			
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29. DISEMPOWER		30. DISEMPOWER			
31. DISEMPOWER		32. DISEMPOWER			
33. DISEMPOWER		34. DISEMPOWER			
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93. DISEMPOWER		94. DISEMPOWER			
95. DISEMPOWER		96. DISEMPOWER			
97. DISEMPOWER		98. DISEMPOWER			
99. DISEMPOWER		100. DISEMPOWER			

# Block 28 - Discrepant weight

- ❖ Enter total weight of the discrepant pieces shown in block 23

**TRANSPORTATION DISCREPANCY REPORT**

1. SHORTAGE

2. DAMAGE

3. REPAIRS

4. REPLACEMENT

5. REMARKS

6. SIGNATURE

7. DATE

8. DATE OF REPAIR

9. DATE OF REPORT

10. DATE OF DISCOVERY

11. DATE OF RECEIPT

12. DATE OF DELIVERY

13. DATE OF RETURN

14. DATE OF CANCELLATION

15. DATE OF CLOSURE

16. DATE OF RE-OPENING

17. DATE OF RE-EVALUATION

18. DATE OF RE-APPROVAL

19. DATE OF RE-APPROVAL

20. DATE OF RE-APPROVAL

21. DATE OF RE-APPROVAL

22. DATE OF RE-APPROVAL

23. DATE OF RE-APPROVAL

24. DATE OF RE-APPROVAL

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88. DATE OF RE-APPROVAL

89. DATE OF RE-APPROVAL

90. DATE OF RE-APPROVAL

91. DATE OF RE-APPROVAL

92. DATE OF RE-APPROVAL

93. DATE OF RE-APPROVAL

94. DATE OF RE-APPROVAL

95. DATE OF RE-APPROVAL

96. DATE OF RE-APPROVAL

97. DATE OF RE-APPROVAL

98. DATE OF RE-APPROVAL

99. DATE OF RE-APPROVAL

100. DATE OF RE-APPROVAL

# Block 29 - Value or cost of repairs

- ❖ For a shortage, enter the actual value of material lost
- ❖ For a damage, enter the repair cost (including transportation charges to and from a repair facility, cost estimates, etc.)
- ❖ For damage beyond economical repair, enter the replacement cost of material
- ❖ For over or astray freight, enter the actual value of material

**When  
corresponding  
with the carrier,  
leave block 29  
blank or  
obliterate the  
amount**

# Block 30 - Remarks

- ❖ Use this block to --
  - ❖ request information needed for investigating the discrepancy
  - ❖ notify carrier of a discrepancy in the shipment
  - ❖ report miscellaneous problems for shipper correction
  - ❖ indicate photographs (if available), documents or information the shipper or carrier may not have which will aid in a reply
  - ❖ report miscellaneous problems not involving a claim and furnish detailed data indicating responsibility
  - ❖ report security or hazardous material violations on shipments of classified, protected, or hazardous material

**TRANSPORTATION DISCREPANCY REPORT**

**PART 1**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:  LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

**PART 2**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:  LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

# Blocks 31 A, B, C and D

- ❖ enter your name in block 31A
- ❖ enter your title in block 31B
- ❖ enter your voice telephone number in block 31C
- ❖ sign the TDR in block 31D
- ❖ ALSO, in block 31D, print or type your fax number and email address



# Block 32 - Reply

**Use this block to:**

- ❖ **reply to any questions asked in block 30**
- ❖ **furnish any information to aid investigation of the discrepancy**

**This is  
the back  
side of  
the SF  
361  
TDR**

SF 361 (PAGE 2)

PART II - (FOR CLAIMS PURPOSES)

34. THIS IS A SURVEY DOCUMENT.

☐ YES ☐ NO

35. DATE

36. TO

37. RESPONSIBILITY

☐ CARRIER ☐ SHIPPER/CONTRACTOR ☐ TRANS. SHIPPING ACTIVITY ☐ RECEIVER ☐ OTHER (Specify)

38. EXCEPTION NOTED ON CARRIERS DELIVERY RECEIPT? (If "NO," explain in Remarks)

☐ YES ☐ NO

39. DOCUMENTS ATTACHED (If "YES," list in Remarks)

☐ YES ☐ NO

40. PHOTOGRAPHS ATTACHED?

☐ YES ☐ NO

41. INSPECTION DATA

☐ CARRIER INSPECTED (Report attached) ☐ INSPECTION WAIVED (Waiver attached) ☐ ORAL WAIVER (Provide name, title, and date in Remarks) ☐ GOVERNMENT INSPECTED (Report attached)

42. DISPOSITION DATA

☐ REJECTED (Receipt attached) ☐ REPAIRED AT GOVERNMENT EXPENSE (Bill attached) ☐ OTHER (Explain in Remarks)

43. REMARKS (See preparation instructions of covering regulation for suggested information)

44. DISTRIBUTION OF COPIES

45A. NAME OF PREPARER (Type or print)

45B. TITLE

45C. TELEPHONE

45D. SIGNATURE

46. ACTION BY REVIEWING OFFICIALS

A. ABOVE ITEMS HAVE BEEN

☐ EXPENDED  
☐ RECEIVED

B. INVENTORY ACCOUNT

C. CHARGE/TRANSFER TO:

D. ACCOUNTING CLASSIFICATION

E. APPROVED TO HOLD

RESPONSIBLE IN THE AMOUNT OF \$

(Name)

F. APPROVING OFFICIAL

NAME (Type or print)

TITLE

SIGNATURE

DATE

47. ACTION BY CLAIMS OFFICE

**CLAIMS**

**PART II - FOR CLAIMS PURPOSES**

**TO RESPONSIBILITY**

**ACTION BY REVIEWING OFFICIALS**

**ACTION BY CLAIMS OFFICE**

# Part II - For Claims Purposes

- ❖ when Part I is complete and all supporting documentation for the claim is assembled, complete Part II to support formal claim filed against the carrier
- ❖ this information will not be disclosed to the carrier

[illegible]

# Block 34 - This is a Survey Document

❖ indicate “No”

**Not  
required  
for  
the  
Coast  
Guard**

[illegible]

## Block 35 - Date

❖ **enter Julian date when Part II was completed**

<b>CLAIMS FORM</b> PART 1 (FOR CLAIM PURPOSES)		IS THIS A REVISED SUBMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A <input type="checkbox"/> YES <input type="checkbox"/> NO
IN TO			
1. RESPONSIBILITY <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR/INSTRUCTOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER			
2. DOCUMENTS ATTACHED TO THIS CLAIM (See A-1) <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. REPORTED DATA <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			
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100. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			

# Block 36 - To

- ❖ enter name, address, and zip code of appropriate office to which the TDR package for claim action is to be sent

# Block 37 - Responsibility

- ❖ transportation or appropriate receiving personnel normally make this determination based on the facts and evidence available
- ❖ check appropriate block
- ❖ if there is insufficient evidence to make a determination, indicate “Other” and enter “Unknown”



**Block 38 - Exception noted on carrier's delivery receipt**

# Block 38 - Exception noted on carrier's delivery receipt

- ❖ check the appropriate block
- ❖ if “No” is checked, give the reason in block 43

**TRANSPORTATION DISCREPANCY REPORT**

**PART 1: REQUEST FOR INFORMATION**

1. TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL LITIGATION ☐ INITIAL LITIGATION

2. DISCREPANCY

3. DISCREPANCY

4. DISCREPANCY

5. DISCREPANCY

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100. DISCREPANCY

# Block 39 - Documents attached

- ❖ check the appropriate block
- ❖ if “Yes” is checked, list the documents in block 43

# Block 40 - Photograph attached?

- ❖ check the appropriate block
- ❖ if photographs are included, be sure to send the *originals* - keep a copy of photos in your file copy of TDR packet
- ❖ **do not fax** photocopies of photographs - they do not transmit successfully

CLASSIFICATION		PART 4 - (FOR CLAIM PURPOSES)		IS THIS A REVISED DOCUMENT		IS THIS	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
IN TO							
1. RESPONSIBILITY <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR/INSTRUCTOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER							
2. DOCUMENTS ATTACHED TO THIS CLAIM (See A-1) <input type="checkbox"/> YES <input type="checkbox"/> NO							
3. REPORTING DATA <input type="checkbox"/> YES <input type="checkbox"/> NO							
4. REMARKS (See appropriate instructions of covering regulations for suggested information)							
5. DISTRIBUTION OF COPIES 5A. NAME OF PREPARED (Type or print) 5B. TITLE 5C. TELEPHONE 5D. SIGNATURE							
6. ACTION BY REVIEWING OFFICIALS 6A. APPROVED (YES/NO) <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED 6B. REASON FOR DENIAL 6C. COMMENTS/REMARKS TO							
7. APPROVED TO HOLD 7A. NAME <input type="text"/> TITLE <input type="text"/> 7B. SIGNATURE <input type="text"/> DATE <input type="text"/>							
8. ACTION BY CLAIMS OFFICE 8A. NAME <input type="text"/> TITLE <input type="text"/> 8B. SIGNATURE <input type="text"/> DATE <input type="text"/>							

# Block 41 - Inspection data

- ❖ check the appropriate block
- ❖ attach required report or waiver
- ❖ enter oral waiver data in block 43

**US CUSTOMS FORM 42 - (FOR CLAIMS PURPOSES)**

**PART 42 - (FOR CLAIMS PURPOSES)**

**TO RESPONSIBILITY**

☐ OWNER ☐ IMPORTER/EXPORTER ☐ FREIGHT FORWARDER ☐ RECEIVER ☐ OTHER

**ACTION BY REVIEWING OFFICIALS**

☐ APPROVED ☐ DENIED ☐ SUSPENDED

**ACTION BY CLAIMS OFFICE**

☐ APPROVED ☐ DENIED ☐ SUSPENDED

# Block 42 - Disposition data

- ❖ check the appropriate block
- ❖ attach required documents, or enter explanation in block 43

# Block 43 - Remarks

- ❖ enter detailed information or data which will aid the claims office in filing a claim
- ❖ indicate the facts only - do not state personal opinions unless substantiated by documentation such as affidavits or certified statements
- ❖ list documents attached to support the discrepancy

<b>UNCLASSIFIED</b> PART 4 (FOR CLAIMS PURPOSES)		IS THIS A REVISED SUBMITTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A <input type="checkbox"/> YES <input type="checkbox"/> NO
TO:			
1. RESPONSIBILITY <input type="checkbox"/> OWNER <input type="checkbox"/> SUPERINTENDENT/ARCHITECT <input type="checkbox"/> DESIGN-BUILD <input type="checkbox"/> DESIGN-BUILD-OPERATE <input type="checkbox"/> OTHER			
2. PROJECT INFORMATION (a) PROJECT NAME (as appears on drawing) (b) DOCUMENTS ATTACHED (YES - SEE A-REMARKS) (c) PHOTOGRAPHS ATTACHED YES NO YES NO YES NO			
3. PROJECT DATA (a) PROJECT LOCATION (b) PROJECT NUMBER (c) PROJECT NAME (d) PROJECT TYPE (e) PROJECT ADDRESS (f) PROJECT PHONE (g) PROJECT FAX (h) PROJECT E-MAIL (i) PROJECT WEBSITE			
4. REMARKS (See separate instructions of marking regarding the suggested distribution)			
5. DISTRIBUTION OF COPIES (a) NAME OF PREPARED (Type or print) (b) TITLE (c) TELEPHONE (d) SIGNATURE			
6. ACTION BY REVIEWING OFFICIALS (a) APPROVED (YES/NO) (b) REVISIONS REQUIRED (YES/NO) (c) COMMENTS/REMARKS TO:			
7. APPROVED TO HOLD (a) NAME (b) TITLE (c) SIGNATURE (d) DATE			
8. ACTION BY CLAIMS OFFICE			

# Block 44 - Distribution of copies

- ❖ enter name, address, and zip code of any office that will receive a copy of TDR packet



[illegible]

# Block 46 - Action by reviewing officials

- ❖ **Sections A, B, C, and D are used for inventory and financial adjustments of accounts in accordance with individual service/agency regulations**
- ❖ **Sections E and F used by the Coast Guard**

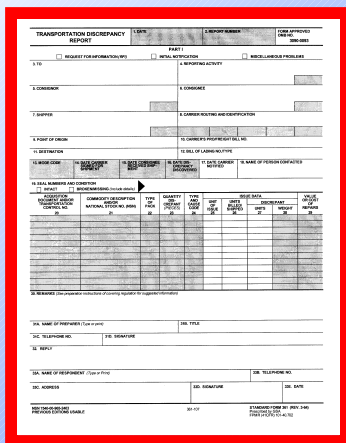
**Not  
required  
for  
the  
Coast  
Guard**

1. <b>REPORTING AGENCY</b> 2. <b>FOR A PART (CLASS PURPOSES)</b>		3. <b>IS THIS A EXACT DOCUMENT</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		4. <b>DATE</b>
5. <b>TO</b>				
7. <b>REVISIBILITY</b> a. <b>CLASS</b> <input type="checkbox"/> <b>DISSEMINATION</b> <input type="checkbox"/> <b>SECRET</b> <input type="checkbox"/> <b>SECRET</b> <input type="checkbox"/>				
8. <b>IS THIS DOCUMENT TO BE RELEASED TO THE PUBLIC?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		9. <b>IS DOCUMENT ATTACHED TO THE "FOR A PART" REPORT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
10. <b>IS THIS DOCUMENT TO BE RELEASED TO THE PUBLIC?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		11. <b>IS PHOTOGRAPH ATTACHED</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
12. <b>IS THIS DOCUMENT TO BE RELEASED TO THE PUBLIC?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		13. <b>IS DOCUMENT ATTACHED TO THE "FOR A PART" REPORT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
14. <b>IS THIS DOCUMENT TO BE RELEASED TO THE PUBLIC?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		15. <b>IS PHOTOGRAPH ATTACHED</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
16. <b>REMARKS</b> (For supplementary information of meeting regarding for suggested information)				
17. <b>IS THIS DOCUMENT TO BE RELEASED TO THE PUBLIC?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				
18. <b>IS THIS DOCUMENT TO BE RELEASED TO THE PUBLIC?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				
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# Block 47 - Action by claims office

- ❖ **for use by claims office, as required**
- ❖ **primarily for DoD use**

**Not  
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**TRANSPORTATION DISCREPANCY REPORT**

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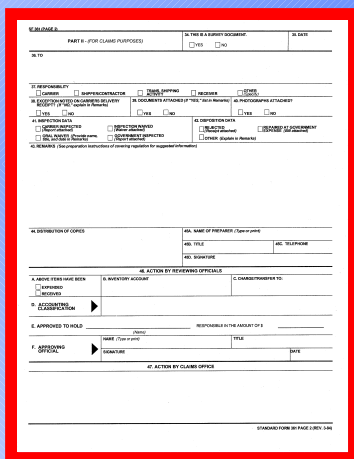
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**DAMAGE REPORT**

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**If you have any problems or questions -  
give us a call or send an email. We are  
here to help you be a success!**

# Claims Section

**Susan F. Hubbard, Chief**

**SHubbard@fincen.uscg.mil**

**757-523-6947**

**Robin D. Smithling**

**Traffic Management  
Specialist**

**RSmithling@fincen.uscg.mil**

**757-523-6763**